

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	INC	DEP		IND	DEP	INC	DEP
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		1					55				
6		1					56				
7		1					57				
8		5					58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13							63				
14							64				
15							65				
16							66				
17							67				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	16						TOTAL DEP.				
TOTAL CLAIMS	18						TOTAL CLAIMS				